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EMERGENCY OPERATIVE CASE

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When Doctor S. called me to an emergency operative case I was all enthusiasm, as it was to be my first laparotomy on private duty.

His diagnosis was ruptured ectopic. I arrived at the patient's home at eleven o'clock Sunday morning. A practical nurse met me on the stair landing. She was all excitement, and wanted to leave at once, as she was so nervous. I knew the operation was to be at two o'clock, and thought she could help prepare the operating room, but she did not care to stay, so I had it to do alone in three hours' time.

As soon as I was in uniform and had met the patient, I directed Mr. A. (the husband) to remove all the furniture from the large south bed room near the bath room. Then I went directly to the kitchen, where I found a splendid colored servant, "Callie." She soon had the clothes boiler from the laundry, which I scoured with sapolio. When thoroughly cleaned, we partially filled it with water, put a towel over the top and tied it to the handles so it could not slip in. I put the cover on and had it boiling in a few minutes. Meantime I had Callie scouring the fish kettle, and had it filled with water and set to boil. The second boiler I used for sterilizing sheets and towels.

I put about six inches of water in the boiler, made a hammock of a towel by suspending it between the handles of the boiler, and placed sheets and towels (which were wrapped in old linen) in the hammock, put the cover on tightly and left them to steam. I also had Callie make up a good fire, and told her to make a pot of strong coffee at one-thirty p.m., to be used for stimulant, if necessary.

The patient's sister had been sitting with her during this time. When I returned to the sick room I took with me a tray, bearing green soap (which I had in my bag), alcohol, razor, bichloride solution and dressings. The dressings were soft old towels, which I found in the linen closet. I used a roller towel for a binder to keep the dressings in place. I told the patient I would have to prepare her abdomen for the operation. She was a sensible little woman and helped me greatly by her wonderful self-control.

Having shaved and prepared the abdomen with bichloride dressing, I gave a low enema, which the doctor had ordered. Then I had the sister comb the patient's hair and braid it in two braids, while I went to the operating room. I had Callie Bon Ami the windows and take down the pictures, wipe down the walls, and wash up the bare floor; fortunately the patient had rugs in this room.

Doctor S. was to bring his portable operating table and supplies, such as dressings and gowns. I had three small tables, one for instruments, one sterile table for dressings (sheets, towels, etc.) and one for anesthetic apparatus; solution bowls I had on chairs.

Across the top of the radiator I put a board, on this I had an emergency hypodermic of strychnine, alcohol, whiskey, absorbent cotton. In the bath room I had scoured the bath tub to hold a solution of bichloride, in which I put solution bowls, pitchers, brushes, etc.

In a room across the hall was a set basin, so that was used for scrubbing up by the surgeons. I had put lime and soda here, as well as in the bath room. The sterile water in the boiler I had Callie take from the stove to cool at twelve-thirty. Then I made some normal salt solution and had that hot. Rubber gloves were used, wet, sterile. Instruments were boiled in the fish kettle with soda. The sterile sheets and towels were wet and hot, as they had not had time to dry in the oven.

At two p.m., the surgeon arrived with another nurse, whom I was very glad to welcome, but everything was ready, even to laparotomy stockings, which I had had the sister make while sitting with the patient.

They were two remarkable little women. The doctor had told them how serious the patient's condition was, and they bore up wonderfully, each for the sake of the other.

The patient's hair was very long, so a towel was used as a cap, to protect the hair, also to keep it from interfering with the anesthetic. A flannel pajama coat, fastened in the back, was used as the patient's gown during operation. The anesthetic was given in the patient's room, and at two-thirty p.m. she was carried to the operating room.

The doctor's diagnosis was correct. On opening the abdomen the right Fallopian tube was found to be ruptured, and the abdominal cavity contained quantities of dark clotted blood, which was removed.

At three-fifteen she was back in bed. Strychnine was the only stimulant necessary. Head of bed elevated. Patient's condition good.

The surgeon did not conceal from the husband the seriousness of his wife's condition. We watched her closely, and to our great surprise and relief she rallied from the operation, and gained rapidly.

The second nurse stayed for a week, doing night duty, and each day the patient improved. After the third day I wrapped her well in a blanket, opened the three windows in her beautiful sunshiny room, and let her bask in the sun for an hour. The patient was a western woman and loved fresh air, and we had plenty of it at all times.

Her temperature was normal until the ninth day when there was a slight rise, and a slight swelling of the left limb between knee and

toes. Temperature reached 102° on the eleventh day, and the left limb was decidedly swollen. It had been elevated but that did not seem to relieve it. The doctor's diagnosis was "phlebitis" so ichthyol dressing was applied; limb wrapped in cotton, elevated, and external heat applied. At the end of the third week it was practically normal.

Five weeks from the day of operation the patient went downstairs, and in a few days was having her daily automobile ride. Six months after operation she was cranking her machine, and running it by herself.

Today she is perfectly well, and delights in showing her surgeon the wonderful garden she tills herself.